

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS		9/28
O.I.P.E. CLASSIFIER		45	9/29
FORMALITY REVIEW	DM	72223	10/21/95

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 (Through numeral) Canceled  
 - ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	9/28
2	✓	✓	9/28
3	✓	✓	9/28
4	✓	✓	9/28
5	✓	✓	9/28
6	✓	✓	9/28
7	✓	✓	9/28
8	✓	✓	9/28
9	✓	✓	9/28
10	✓	✓	9/28
11	✓	✓	9/28
12	✓	✓	9/28
13	✓	✓	9/28
14	✓	✓	9/28
15	✓	✓	9/28
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26	✓	✓	9/28
27	✓	✓	9/28
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47	✓	✓	9/28
48	✓	✓	9/28
49	✓	✓	9/28
50	✓	✓	9/28

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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